IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Michael Kuty

Entitled: WIRELESS TELEPHONE CONFIGURED FOR PREPAID USE

Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450 CERTIFICATE OF MAILING BY EXPRESS MAIL

Martha Rocha

Martha Rocha

Signature

Dear Sir:

REQUEST FOR FILING A NATIONAL PATENT APPLICATION

Transmitted herewith for filing, please find the following:

<u>X</u>	1. Specification, claims and abstract of the above-referenced patent application having19 pages.
X	2. <u>6</u> sheet(s) of drawing(s) (X formal / informal) comprising Figures <u>1A</u> through <u>4</u> .
	3. Declaration and executed Power of Attorney (signed unsigned).
	3A. No filing fee, Oath, or Declaration is enclosed pursuant to 37 C.F.R 1.53(d).
	4. Information Disclosure Statement along with Form PTO-1449 and references.
	5. This is a: Continuation-In-Part; Divisional; Continuation (1.53(b)); substitute Application (MPEP 201.09) of Application Serial No filed; reissue of U.S. Patent No filed on An extension to extend the life of the above prior Application to at least the date of filing hereof (One box must be marked)

	(b) w	as previously filed in that p	
		_	Please return the recorded assignment to the
<u>X</u>	_7. Priority is	claimed under 35 U.S.C. §	119/120 based on filing in <u>United States</u> .
		Application No.	Filing Date
	(1)	60/551,490	March 9, 2004
	(2)		
	(3)		
·	(No.) C	ertified copy (copies)	are attached; or were previously filed on
	8. Attached 122(b)(2)(1		onPublication Request Under 35 U.S.C.
	9. Attached: CFR § 1.9		nt(s) establishing "small entity" status under 37
<u>X</u>	10. Attached:		
	<u>X</u>	Return Postcard (Other)	
	11. Prelim	ninary Amendment/Respon	se.

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12. The following Filing Fee calculation is based on the claims filed less any claims canceled by the Preliminary Amendment of Item 11.

	BASIC FEE					SMALL ENTITY RATE \$385	<u>OR</u>	LARGE ENTITY RATE \$770	-	\$ 385.00
	NUMBER FILED				NUMBER EXTRA					
	TOTAL CLAIMS	20	-20	=	0 (at least 0)	x 9	<u>OR</u>	x 18	=	\$ 00.00
	INDEP. CLAIMS	3	-3	=	(at least 0)	x 43	<u>OR</u>	x 86	=	\$ 00.00
	If any <u>proper</u> multiple dependent claim (ignore improper) is present (Enter \$0.00 if this is a <u>reissue</u> application.) +\$145 <u>OR</u> +\$290 =									
	If assignment is x'd (item 6), add recording fee \$40.00									+\$ 00.00
	Attached is a Rule 47 Petition (inventor refuses to sign or cannot be reached) \$130									+\$.00
Ŧ	TOTAL FILING FE	Œ								=\$ 385.00

attached. Please charge the deficiency of _____ to Simon, Galasso & Frantz PLC Deposit Account No. _____.

X 14. Please charge SIMON, GALASSO & FRANTZ PLC, Deposit Account No. 501259 in the amount of \$385.00 the Filing Fee calculated in Item 12.
This sheet is attached in duplicate.

___ 13.

A check in the amount of _____ to cover the Filing Fee calculated in Item 12 is

The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and may be required under 37 CFR 1.16-1.18 (missing or insufficiencies only) now or hereafter relative to this application and for the resulting Official Document under 37 CFR 1.20, and to have and cause any necessary petition for extension of time to be filed and any fees necessary to be paid for said extension of time OR credit any overpayment to SIMON, GALASSO & FRANTZ PLC Deposit Account No.

________, for which purpose a duplicate copy of this sheet is attached. The Commissioner is not authorized to charge the issue fee until/unless an issue fee transmittal form is filed.

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Patent Application

Respectfully submitted, Michael Kuty

By:

Raymond M. Galasso Reg. No. 37,832

SIMON, GALASSO & FRANTZ PLC.

P.O. Box 26503

Austin, Texas 78755-0503 Telephone: (512) 372-8240 Facsimile: (512) 372-8247